

Prepared by :

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STATE OF MISSISSIPPI  
COUNTY OF DESOTO

**DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that I, **Jennifer Kay Hailey-Dukes**, do hereby revoke, annul and void any and all previously executed Powers of Attorney given by me to any and all person or persons, and by these presents do hereby make, constitute and appoint, **Michael Terrell Dukes**, my true and lawful attorney-in-fact for me and in my name, place and stead to sign all deeds, papers, checks, insurance documents, 401k withdrawals or other negotiable instruments in order to properly take care of my business, including but not limited to the negotiation of all insurance claims, Medicare billing and reimbursements, and endorsements of all checks for deposit and the withdrawal of any certificates of deposit or withdrawals from any 401k account, the signing of deeds, sales of any real property, Medicare or other insurance papers of whatever kind, or other papers in order to effectively take care of my business.

I, further direct that my attorney-in-fact shall have full power and authority to make any and all healthcare decisions for me including hospital admissions, authorizations for surgery or admissions to any type of healthcare facility that she deems to be in my best interest and for whatever healthcare treatment needs that I may have. I, so direct that my attorney-in-fact shall have all of those powers including but not limited to the following:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;

(b) Select or discharge health-care providers and institutions;

(c) Approve or disapprove diagnostic tests, surgical procedures, programs or medication, and orders not to resuscitate; and

(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care.

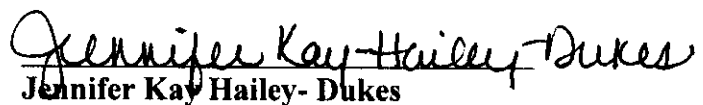
GIVING AND GRANTING UNTO my said attorney-in-fact, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present; hereby ratifying and confirming all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of these presents.

This instrument is to be construed and interpreted as a general durable power of attorney. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my agent. This instrument is executed and delivered in the State of Mississippi, and the laws of the State of Mississippi shall govern all questions as to validity of this power and the construction of its provisions.

Third parties may rely upon the representations of the agents as to all matters relating to any power granted to them hereunder, and no person who may act in reliance upon the representations of the agent or the authority granted to it shall incur any liability to the principal or his estate as result of permitting the agent to exercise any power. I direct that the above-related powers and authority of my said agent shall be so exercisable and effective regardless of the fact that I may be mentally or physically incapacitated or incapable of understanding or unable to express myself or act in my own behalf at the time of any action on my behalf by said agent. Such incapacity, whether mental or physical, that I may exhibit shall not in any way interfere with the authority of my agent herein to act fully on my behalf according to the terms hereof. In other words, this Power of Attorney shall not be affected by the subsequent disability, incompetence or incapacity of the principal. And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my said agents, acting in my name and on my behalf.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 5<sup>th</sup> day of

May, 2011.

  
Jennifer Kay Hailey- Dukes

**STATE OF MISSISSIPPI  
COUNTY OF DESOTO**

THIS DAY PERSONALLY APPEARED BEFORE ME the undersigned authority in and for the jurisdiction above mentioned appeared, **Jennifer Kay Hailey-Dukes** who being by me first duly sworn deposes and states on his oath that he signed and delivered the above and foregoing Durable Power of Attorney as his free and voluntary act and for the purposes therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 5 day of May, 2011.

Belinda J. Lowrie  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

